PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

ΑΨ.	plication or Docket Number
1	R-32112
A o	2010/62660
1746	11-32112
111	

CLAIMS AS FILED - PART I								SMALL E	NTITY		OTHER	THAN
	0744 01 41840		(Column 1)		(Colu	olumn 2)		TYPE		OR	SMÁLL	ENTITY
TOTAL CLAIMS			6					RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUME	MBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			minus 20=		•			X\$ 9=		OR	X\$18=	
├	DEPENDENT C			inus 3 =	2	2		X43=	86	OR	X86=	·
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	471	OR	TOTAL		
	<u>_</u> c	LAIMS AS A	MENDE			7		OTHER	THAN			
	7-10-06(Column 1) (Column 2) (Column 3)								ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total .	. 10	Minus	** ~	20	= \		·X\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF M	Minus	Minus *** TIPLE DEPENDENT		=		X43=		OR	X86=	
	7 110 1 11200	'	+145=	• "-	OR	+290=						
				_	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE				
		(Column 1)			DUII. PEE (AUDII. PEEI				
8		CLAIMS REMAINING		(Colum	ST	(Column 3)	Г		ADDI-	1		ADDI-
AMENDMENT B		AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	•	Minus	** .		=		X\$ 9=		OR	X\$18=	
\ME	Independent	•	Minus	***		= .		X43=			X86=	
_	FIRST PRESE	NTATION OF ML	LTIPLE DEP	ENDENT	CLAIM		╽┠			OR	-	
							L	+145=		OR	+290=	
		AI	TOTAL ODIT. FEE		OR ,	TOTAL ODIT, FEE						
		(Column 1)		(Colum	n·2)	(Column 3)		٠.	. •			
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMBI PRÉVIOU PAID F	ER . JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ğ	Total	•	Minus	**		=	ľ	X\$ 9=		OR	X\$18=	
¥ [Independent	•	Minus	***		=	╁	X43=			X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							7402		OR	∧60 =	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
!	the "High st Nun the "Highest Nur	nber Previously Pai nber Previously Pa ber Previously Paid	d For IN THIS Id F r IN THIS	SPACE IS I	ess than less than	20, enter "20." 3, enter "3."		TOTAL POIT FEE			TOTAL DDIT. FEE umn 1.	
					-				•		•	